which priority is claimed:

COMBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

Attorney's Docket No. 032304-006

As a below-named inventor, I bereby declare that: My residence, post office address and citizenship are as stated below next to my name; I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (if only one name is listed below) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (if more than one name is listed below) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED: EXPANDABLE MEDICAL DEVICE DELIVERY SYSTEM AND METHOD							
the specification of which							
. (check one)	is attached hereto; was filed on as						
	Application No.						
	and was amended on; (if applicable)						
I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE-IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE;							
I ACKNOWLEDGE THE DUTY TO DISCLOSE TO THE MATERIAL TO PATENTABILITY AS DEFINED IN TIT (as amended effective March 16, 1992);							
I do not know and do not believe the said invention was eve my or our invention thereof, or patented or described in any invention thereof or more than one year prior to said applic. in the United States of America more than one year prior to or made the subject of an inventor's certificate issued before United States of America on any application filed by me or months prior to said application;	printed publication in any country before my or our ation; that said invention was not in public use or on sale a said application; that said invention has not been patented to the date of said application in any country foreign to the						
I hereby claim foreign priority benefits under Title 35, Unit application(s) for patent or inventor's certificate as indicated application for patent or inventor's certificate on this invent	d below and have also identified below any foreign						

POST OFFICE ADDRESS

COMBINED DECLARATION AND POWER OF ATTORN				IEY	Attorney's Docket No. 032304-006			
COUNTRY/INTERNATIO	ONAL	APPLICATION NUMBER		DATE OF FILING (day, month, year)		PRIORITY CLAIMED		
						YES_	NO_	
						YES	NO	
I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:								
William L. Mathis Peter H. Smolka Robert S. Swecker Platon N. Mandros Benton S. Duffett, Ir. Norman H. Stepno Ronald L. Grudziecki Frederick G. Michaud, Ir. Alan E. Kopeck Regit E. Stuffler, III Schiller, III Ralph L. Freeland, Jr. Robert G. Mukai	17,337 15,913 19,885 22,124 22,030 22,716 24,970 26,003 25,813 26,999 27,360 16,110 28,531	George A. Hovans James A. LaBarre E. Joseph Gess R. Damy Humingi Erie H. Weisblatt James W. Peterson Teress Sanack Rea Robert E. Krebs William C. Rowlar T. Gene Dillahumj Patrick C. Keane Bruce J. Boggs, Jr William H. Benz	28. 28. 28. 30. 30. 4. 26. 30. 25. 30. 7. 25. 32. 32.	223 632 510 903 505 057 427 885 888 423 858 344 952	Peter K. Skiff Richard J. McGra Matthew L. Schn Michael G. Savag Gerald F. Swiss Michael J. Ure Charles F. Wieder Todd R. Walters Romni S. Jillions Harold R. Brown Allen R. Baum Steven M. du Boi	eider e nd III	31,917 29,195 32,814 32,596 30,113 33,089 33,096 33,815 34,040 31,979 36,086 35,023	
and: Cindy A. Lynch Address all correspondence to: James W. Peterson BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404 Alexandria, Virginia 22313-1404								
Address all telephone calls to: Cindy A. Lynch at (650) 854-7400.								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
FULL NAME OF SOLE OR FIRST John F. Shanley	INVENTOR		SIGNATURE	15	2V. ()	DATE	199	
RESIDENCE			101	4-6	CITIZENSPAP	-3/1/	1.''	
401 Camberly Way, Redwood City, CA 94061 United States POST OFFICE ADDRESS								
Same as above								
FULL NAME OF SECOND JOINT	INVENTOR,	IF ANY	SIGNATURE			DATE		
RESIDENCE					CITIZENSHIP			
POST OFFICE ADDRESS								
FULL NAME OF THIRD JOINT IN	VENTOR, IF	ANY	SIGNATURE			DATE		
RESIDENCE			L		CITIZENSHIP			